



Solid Waste Account # _____

Authorization Agreement For Automatic ACH Payments

Ada County Billing Services:

I (we) hereby authorize **ADA COUNTY BILLING SERVICES** to initiate deductions from my/our bank account and the financial institution indicated, to debit the same to such account indicated below

☐ Checking account, or ☐ Savings account (select one)

BANK NAME _____

TRANSIT/ABA*# _____ CHECKING/SAVINGS ACCOUNT# _____

**The transit/ABA number is the first nine digits printed on the bottom of your check and is followed by your checking/savings account number.*

This authorization shall remain in full force and effect, until **ADA COUNTY BILLING SERVICES** has received written notification of its termination and accept that termination will take 30 days. Once terminated I/we understand that I/we are responsible for paying balances due by cash, check or money order.

NAME(S) _____ PHONE # _____ DATE _____
(PLEASE PRINT CLEARLY)

SIGNED _____ SIGNED _____

Signer on the account is ☐ Owner / ☐ Tenant / ☐ Business / ☐ Other _____

☐ Check here if you want to receive a physical statement; **NO STATEMENT WILL BE SENT FOR ACH** unless checked.

Did You Remember To:

- Indicate whether you wish payments to be deducted from checking or savings?
- Include all requested bank and account information?
- Sign and date the form?
- Enclose a **VOIDED CHECK**?

Mail to Ada County Billing, PO Box 2868, Boise ID 83701 or **Fax to** 208-287-6809 or **Email** acbs@adaweb.net

DEBIT DATES FOR AUTOMATIC PAYMENTS:*

RESIDENTIAL ACCOUNTS: AUGUST 10th ♦ NOVEMBER 10th ♦ FEBRUARY 10th ♦ MAY 10th

COMMERCIAL ACCOUNTS: MONTHLY ON THE 25th OF EACH MONTH

**Application must be received by our office a minimum of five business days in advance of the debit date shown above for current processing. If the payment date falls on a weekend or holiday, debit will occur on the first business day following.*

For County Use Only

Entered: _____
Initial Date

Scanned: _____
Initial Date

Payment Received
☐ Yes ☐ No